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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT

(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.
KSR-11302/08

In Re Application: Larry G. Willemssen et al.

DEC 20 2005

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/621,904	July 17, 2003	Vinh Luong	25006	3682	

Title: ELECTRONIC THROTTLE CONTROL WITH HYSTERESIS DEVICE

Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of _____ is attached.
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Beverly M. Bunting
Signature

Dated: December 20, 2005

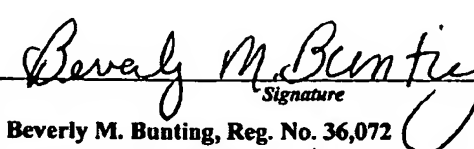
Beverly M. Bunting, Reg. No. 36,072
Attorney for Applicant
Gifford, Krass, Groh, Sprinkle,
Anderson, & Citkowski, P.C.
P.O. Box 7021
Troy, MI 48007-7021
(248) 647-6000

cc:

DEC 21 2005

EV669541506US

JFW

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. KSR-11302/08	
Applicant(s): Larry G. Willemssen et al.					
Application No. 10/621,904	Filing Date July 17, 2003	Examiner Vinh Luong	Customer No. 25006	Group Art Unit 3682	Confirmation No. 2130
ELECTRONIC THROTTLE CONTROL WITH HYSTERESIS DEVICE					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	33 -	33 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	5 -	4 =	1	x \$200.00	\$200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$200.00
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of \$200.00 to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-1180 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature Beverly M. Bunting, Reg. No. 36,072 Attorney for Applicant Gifford, Krass, Groh, Sprinkle, Anderson, & Citkowski, P.C. P.O. Box 7021 Troy, MI 48007-7021 (248) 647-6000			Dated: December 20, 2005 <div style="border: 1px solid black; padding: 5px;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p> <p>_____ (Date)</p> <p>_____ Signature of Person Mailing Correspondence</p> <p>_____ Typed or Printed Name of Person Mailing Correspondence</p> </div>		

\$ 400.00

cc:

10/621,904

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

KSR-11302/08

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	33	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	33 minus 20 =	13
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 33	Minus	** 33	=
Independent	* 4	Minus	*** 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

12/20/05

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 33	Minus	** 33	=
Independent	* 7	Minus	*** 4	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	750.00
X\$18=	234
X84=	74
+280=	
TOTAL	1068

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	600.00
+280=	
TOTAL ADDIT. FEE	600.00

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	